



Instructions for Policy Issue

INSURED'S NAME _____ ISSUE DATE: _____

*Application Type: _____ Paper _____ Electronic

Payment Frequency Modes

Auto

Company _____

___ Full-Pay / 12 mo Policy

___ Full-Pay / 6 mo Policy

___ Semi-Annual (if available)

___ 4 Pay (if available)

___ Monthly EFT

Home / Renters

Company _____

___ Escrow

___ Full-Pay / 12 mo

___ Monthly EFT

Misc Policies

Company _____

___ Full-Pay / Insured Pay

___ Full-Pay / Through Escrow

___ Monthly EFT

*Special instructions: _____

Mortgage Clause Release Form

I acknowledge that I give written permission to have my current insurance company's premium paid through Escrow for my homeowner's policy. The correct insurance information is outlined below for your records.

Bank/Lender Name: _____

Address: _____

City / State / Zip: _____

Loan #: _____

Signature of Insured

Date

Insurance Premium Billing Authorization

Checking Account

Bank Name: _____ Account # _____ Routing # _____

Name on Account: _____ Requested Draft Date: (if available) _____

1st thru 28th

Signature of Insured: _____ Date: _____

Credit Card (Visa or Mastercard / Additional fees apply for monthly payments, if available)

Credit Card # _____ Expiration Date: _____ CVG: _____

Name on Card: _____

Signature of Insured: _____ Date: _____